

July 16, 2002

Mr. Terry Hodgson  
Gallery Graphics/South Bend  
P.O. Box 3157  
South Bend, Indiana 46619-3232

Re: 141-16155-00072  
First Administrative Amendment to  
FESOP 141-13747-00072

Petersen Graphics Group was issued a FESOP Renewal permit on October 12, 2001 for a stationary custom printing facility. A letter requesting a name change was received June 26, 2002. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

Petersen Graphics Group will now conduct business under the new name of Gallery Graphics/South Bend at 2920 W. Sample Street, South Bend, Indiana 46619-3232. The reporting forms were updated to reflect the new operating name. No other changes were made.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension ( 3-5334), or dial (317) 233-5334.

Sincerely,

Original signed by Paul Dubenetzky

Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Updated Pages

PD/gkf

cc: File - St. Joseph County  
St. Joseph County Health Department  
Air Compliance Section Inspector - Rick Reynolds  
Compliance Data Section -Karen Nowak  
IDEM Northern Regional Office  
Air Programs - Chet Bohannon  
Permit Review Section 1 - Gary Freeman  
Permits Admin File

# **FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)**

## **OFFICE OF AIR QUALITY**

**Gallery Graphics/South Bend  
2920 West Sample Street  
South Bend, Indiana 46619-3232**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F141-13747-00072	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: October 12, 2001  Expiration Date: October 12, 2006
First Administrative Amendment: 141-16155-00072	Pages Affected: 25, 26, 27, 28, 29, 30 and 31
Original signed by Paul Dubenetzky Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: July 16, 2002

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
CERTIFICATION**

Source Name: Gallery Graphics/South Bend  
Source Address: 2920 W. Sample Street. South Bend, Indiana 46619-3232  
Mailing Address: P.O. Box 3157, South Bend, Indiana 46619-3232  
FESOP No.: F141-13747-00072

**This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) \_\_\_\_\_
- 9 Report (specify) \_\_\_\_\_
- 9 Notification (specify) \_\_\_\_\_
- 9 Affidavit (specify) \_\_\_\_\_
- 9 Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY**

**COMPLIANCE BRANCH  
P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY OCCURRENCE REPORT**

Source Name: Gallery Graphics/South Bend  
Source Address: 2920 W. Sample Street. South Bend, Indiana 46619-3232  
Mailing Address: P.O. Box 3157, South Bend, Indiana 46619-3232  
FESOP No.: F141-13747-00072

**This form consists of 2 pages**

**Page 1 of 2**

9 This is an emergency as defined in 326 IAC 2-7-1(12)  
CThe Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and  
CThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

**Page 2 of 2**

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FESOP Quarterly Report**

Source Name: Gallery Graphics/South Bend  
Source Address: 2920 W. Sample Street. South Bend, Indiana 46619-3232  
Mailing Address: P.O. Box 3157, South Bend, Indiana 46619-3232  
FESOP No.: F141-13747-00072  
Facility: Printing Presses  
Parameter: VOC  
Limit: less than a total of 99 tons per twelve (12) consecutive month period (Press B, C, E, H, D, G)  
less than 24 tons per twelve (12) consecutive month period, individually (Press B, C, E, D, H)

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FESOP Quarterly Report**

Source Name: Gallery Graphics/South Bend  
Source Address: 2920 W. Sample Street. South Bend, Indiana 46619-3232  
Mailing Address: P.O. Box 3157, South Bend, Indiana 46619-3232  
FESOP No.: F141-13747-00072  
Facility: Printing Presses (Press B, C, E, H, D, G)  
Parameter: HAP  
Limit: less than a total of 10 tons per twelve (12) consecutive month period for a single HAP  
less than 25 tons per twelve (12) consecutive month period, individually a combination of HAPs

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Gallery Graphics/South Bend  
Source Address: 2920 W. Sample Street. South Bend, Indiana 46619-3232  
Mailing Address: P.O. Box 3157, South Bend, Indiana 46619-3232  
FESOP No.: F141-13747-00072

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

Page 1 of 2

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**



<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.